

VOUCHER

Send Invoices To:

MILLVILLE BOARD OF EDUCATION

Accounts Payable

Post Office Box 5010

Millville, NJ 08332

Phone (856) 825-8300 • Fax (856) 327-5412

OFFICE USE ONLY

To:

NEED REC

INC

FINAL

PARTIAL

ADJUSTMENT

DATE PAID

ORDER DATE	VENDOR NO.	REQUISITION	250043	REQUIRED BY	FISCAL YEAR
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QUANTITY	DESCRIPTION/ITEM DETAIL	UNIT COST	EXTENDED COST
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REIMBURSEMENT FOR MILES TRAVELED WHILE PROVIDING HOME
INSTRUCTION FOR THE FOLLOWING STUDENT(S):

STUDENT(S) NAME(S)	DATE RANGE	MILES TRAVELED

TOTAL MILES TRAVELED _____ @ \$0.31= _____

VENDOR: THIS VOUCHER MUST BE SIGNED & RETURNED TO ACCOUNTS PAYABLE WITH YOUR INVOICE

P. O. TOTAL

Prepay Transportation Charges and Ship to:

CLAIMANT'S CERTIFICATION & DECLARATION

I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

SIGNED: _____